

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Thomas E Bailey JR

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

~~Berks County Jail System~~
~~Warden Janine Quigley~~
~~Prison~~

Jesse Kirsch MD

Janine Quigley (warden)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Thomas Earl Bailey JR
ID # 2000 3757
Current Institution Berks County Jail System
Address 1207 County Welfare Road

filed
~~FOR CREDIT TO THE U.S. TREASURY~~
~~00004667~~

JUL 23 2019

W

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Janine Quigley Shield # _____
Where Currently Employed Berk's County Jail Systems
Address BCJS 1287 County Welfare Road
Leesport, PA 19533

Defendant No. 2 Name Jesse Kirsch MD Shield # _____
Where Currently Employed ~~Berk's County Jail~~ Prime Care
Address BCJS 1287 County Welfare Road
Leesport, PA 19533

Defendant No. 3 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Berk's County Jail System

B. Where in the institution did the events giving rise to your claim(s) occur? med line and medical unit

C. What date and approximate time did the events giving rise to your claim(s) occur? every day morning and night

What happened to you?

D. Facts: I am forced to take phenobarbital every day twice a day. I tried not taking it and they threatened to move me to medical unit. they give it to me for epilepsy a condition I do not and never had. I tried it.

Who did what?

Was anyone else involved?

no just me that I know of

Who else saw what happened?

it happens every day so all of medical

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

it has effects on my memory and other side effects including a dependency.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Berks county jail system
~~_____~~

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Berks county Jail System

1. Which claim(s) in this complaint did you grieve?

the giving of phenobarbital

2. What was the result, if any? none / no response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I asked medical why they give it to me and then for them to provide me with documentation on the drug and for both they told me to have my family contact the provider

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: I asked

the nurses administering the drug
to no avail

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Berks county jail

system has been doing this to me for
years now I only recently found out

that when I stop taking it I go
thru withdrawal and also just started
feeling and experiencing some of the
side effects of the drug.

I'd like them (BCJS) ~~(and)~~
~~(to be)~~ to be punnish and

I would like compensation
for what I have been thru.

Warden Janine Osigley for allowing it to continue
for so long I am asking for \$500,000
compensation

~~I am asking for \$500,000~~

and From Prime Care's Jesse Kirsch
I'm asking \$500,000
compensation

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

On
these
claims

4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22 day of June, 2019.

Signature of Plaintiff


Inmate Number


2000 JMS7

Institution Address BCU
1287 County Delaware Rd
Lewport, PA 19333

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 22 day of June, 20 19, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: 

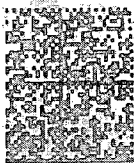
NAME *Thomas Bailey*
BCP# *12500 345 12*
HOUSING UNIT *G-115*
BERKS COUNTY JAIL SYSTEM
1287 COUNTY WELFARE RD
LEESPORT, PA 19533-9397

United States District Court
Middle District PA
228 Walnut St.
Harrisburg PA 17101

RECEIVED
HARRISBURG, PA

JUL 23 2019

PER *[Signature]*
DEPUTY CLERK



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